

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 1 7

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

June 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment).

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-
b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-B, Page 2www

Attachment 3.1-B, Page 2www

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-B, Page 2www
Approved 07-06-00, TN 00-06
Attachment 3.1-B, Page 2www
Approved 08-31-00, TN 00-12

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to renumber pages in Attachment 3.1-B
because of duplicate page numbering.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

May 30, 2001

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Binnie Alberius
Slot 1103**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 5, 2001

18. DATE APPROVED:

June 21, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2www

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

June 1, 2000

MEDICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners

1. Licensed Certified Social Worker (LCSW)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed certified social worker (LCSW) who has a Master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education (CSWE). The LCSW must be State licensed and certified to practice as a Licensed Certified Social Worker (LCSW) in the State of Arkansas and in good standing with the Arkansas Social Work Licensing Board.
- c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LCSW services are:
 1. Diagnosis
 2. Interpretation of Diagnosis
 3. Crisis Management Visit
 4. Individual Outpatient - Therapy Session
 5. Marital/Family Therapy
 6. Individual Outpatient - Group Therapy
 7. Group Outpatient - Group Therapy

2. Licensed Professional Counselors (LPC)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed professional counselor (LPC) who must possess a Master's degree in mental health counseling from an accredited college or university. The LPC must be licensed as a Licensed Professional Counselor and be in good standing with the Arkansas Board of Examiners in Counseling.
- c. A referral must be made by a Medicaid enrolled physician documenting medical necessity. Covered outpatient LPC services are:
 1. Diagnosis
 2. Interpretation of Diagnosis
 3. Crisis Management Visit
 4. Individual Outpatient - Therapy Session
 5. Marital/Family Therapy
 6. Individual Outpatient - Group Therapy
 7. Group Outpatient - Group Therapy

SUPERSEDES: TN - AR-00-06

STATE	Arkansas	A
DATE REC'D	06-05-01	
DATE APPVD	06-21-01	
DATE EFF.	06-01-01	
HCFA 175	AR-01-17	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2wwwwww

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

June 1, 2000

MEDICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners (Continued)

3. Licensed Marriage and Family Therapist (LMFT)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed marriage and family therapist (LMFT) who must possess a Master's degree in mental health counseling from an accredited college or university. The LMFT must be licensed as a Licensed Marriage and Family Therapist and in good standing with the Arkansas Board of Examiners in Counseling.
- c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LMFT services are:
 1. Diagnosis
 2. Interpretation of Diagnosis
 3. Crisis Management Visit
 4. Individual Outpatient - Therapy Session
 5. Marital/Family Therapy
 6. Individual Outpatient - Group Therapy
 7. Group Outpatient - Group Therapy

22. Medical Supplies

1. MIC-KEY Skin Level Gastrostomy Tube and Supplies

Effective for dates of service on or after September 1, 2000 MIC-KEY Skin Level Gastrostomy Tube and Supplies are covered for Medicaid eligible recipients under age 21. Services require prior authorization. The MIC-KEY kit is limited to two (2) per State Fiscal Year. Benefit extensions will be considered on a case by case basis based on medical necessity.

SUPERSEDES: TN - AR-00-12

STATE	<u>Arkansas</u>
DATE REC'D	<u>06-05-01</u>
DATE APP'D	<u>06-21-01</u>
DATE EFF	<u>06-01-01</u>
HCFA 179	<u>AR-01-17</u>

A